

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/706 078</u>		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1								51				
2	Canceled							52				
3	(1)							53				
4	Canceled							54				
5	Canceled							55				
6	(1)							56				
7	(1)							57				
8	(1)							58				
9	1							59				
10	Canceled							60				
11	(1)							61				
12	Canceled							62				
13	Canceled							63				
14	(1)							64				
15	(1)							65				
16	(1)							66				
17	1							67				
18								68				
19								69				
20								70				
21								71				
22								72				
23								73				
24								74				
25		(1)						75				
26		(1)						76				
27		(1)						77				
28		1						78				
29		(1)						79				
30		(1)						80				
31		(1)						81				
32								82				
33								83				
34								84				
35								85				
36								86				
37								87				
38								88				
39								89				
40								90				
41								91				
42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	3		↓		↓			TOTAL IND.		↓		
TOTAL DEP.	22	↔		↔		↔		TOTAL DEP.		↔		↔
TOTAL CLAIMS	25	↔		↔		↔		TOTAL CLAIMS		↔		↔

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS